

**EBD – Second Party Review Tool Instructions**

This form is to be used to determine correctness of error prone elements within Food Stamp cases. This is a targeted review of the case, concentrating on the most common elements found in error. Each of those are identified on the form.

- Case Name:** Identify the primary person of the case
- Worker Name:** Identify the name of ESS worker
- Case Number:** Enter the current case number from CARES
- X# (ex. XMI):** View ACCH to identify the current ESS worker assigned to the case
- Zone:** Identify the worker's assigned zone
- PP SSN:** Identify the social security number of the primary person
- Benefit Review Month:** Identify the month of benefits being reviewed by reader
- Reviewed By:** Enter your name
- Case Read date:** Enter the date you are reviewing the case
- Benefit Allotment:** Enter the original benefit allotment determined by the ESS
- Correct Benefit Amount:** Enter the correct benefit allotment determined by the review
- Error Amount:** Enter the difference between the original determination and the correct allotment. Also indicate if there was an under or over issuance.
- Follow Up Needed:** Indicate YES if there are items that require an ESS worker to follow up – complete the Follow Up Form with any necessary instruction and pass onto the ESS worker  
Indicate NO if there is no need for Follow Up by the ESS.
- Elements Correct:** Indicate YES if all elements are found to be correct.  
Indicate NO if an error is found.
- Comments:** Enter comments as needed.
- Data Exchange Table:** Review data exchange for all adult members of the FSG to identify income and potential matches requiring action for the case. This table is for reference only for the reviewer.

**When Reviewing Components of the Case – Read each question, go to screens in CARES identified on the form. Refer to the FSH references indicated within each section if assistance is needed to identify correct policy.**

**For every error identified...Please indicate the element, nature and cause for each error.**

**Element** = the error found in regards to the component (HH Comp, Disability status, Unearned Income, Medical Expenses, Shelter or Utility Deductions)

**Nature** = the reason the element was in error, further detail of the error found in regards to the component.

**Cause** = what occurred or did not occur to result in an error being made. What caused the error?

On the form, if the element is in error, you will indicate a NO for that Question. Then go onto the Nature questions.

You will then determine which of the questions listed best describes the Nature of the error, you will indicate a YES for the nature. More than one nature could apply; identify all that do.

You will then need to identify the Cause of the error. Choose the Cause code that best fits why the error occurred.

- (A) Agency failed to act on known/reported/verified info
- (C) Client failed to report
- (P) Policy misapplied by agency
- (S) CARES system error
- (V) Agency failed to verify
- (W) W2/FSET agency error

**If an error is determined, calculate the correct FS allotment for the month being reviewed.**

**Benefit Allotment:** Enter the original benefit allotment determined by the ESS

**Correct Benefit Amount:** Enter the correct benefit allotment determined by the review

**Benefit Error Amount:** Enter the difference between the original determination and the correct allotment. Also indicate if there was an under or over issuance.